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THE DOCTORS WEEKLY
AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

BOSTON MEDICAL LIBRARY ASS'N MAY 3 1893

VOL. II—No. 22. NEW YORK, NOVEMBER 26, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power.

"In other words, Papoid possesses the combined powers of Salivary, Gastric, and Pancreatic ferments." (KILMER.—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal.

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal." (LOVE, Prof. Clin. Med. and Dis. of Children, Marion Sims Coll. Med. St. Louis,)

3 Stimulates Natural Digestion.

"Pepsin often relieves a present difficulty; but Papoid, in addition, places the stomach in condition to digest the next meal. It is far better to make the stomach do its own work. Pepsin makes the stomach lazy; Papoid does not." (LARRABEE, Prof. Hospital College of Medicine, Louisville, Ky.)

4 Acts in Acid, Alkaline, or Neutral Media.

"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution." (MORTON, on Leg Ulcers, read before Phila. County Med. Society.)

5 Acts on all kinds of Food. Can be Combined with Antiseptics.

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6 Acts in the Intestines.

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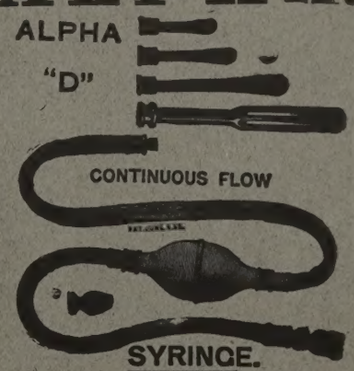

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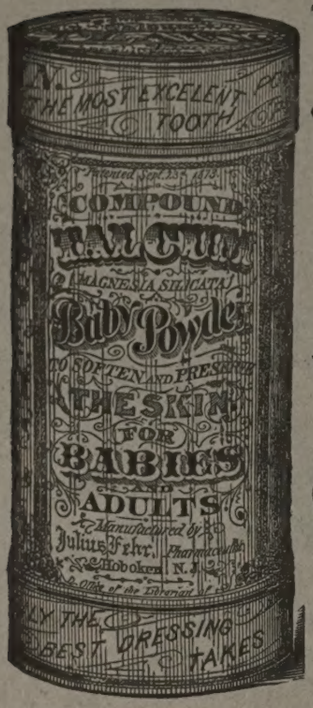

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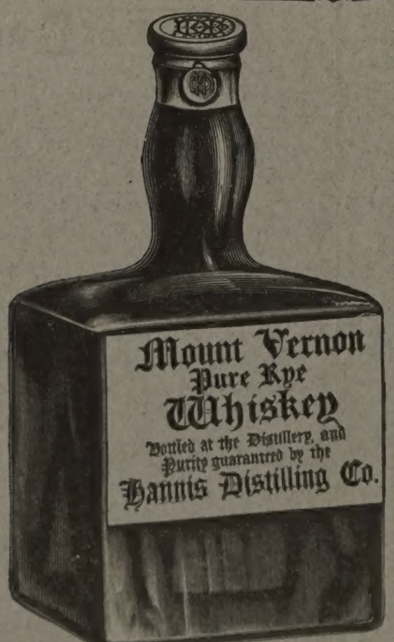

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See Outside Front Cover.

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A CLINICAL LECTURE.

AT BELLEVUE HOSPITAL, NEW YORK, BY DR. H. BIGGS, PROFESSOR OF MATERIA MEDICA IN BELLEVUE HOSPITAL MEDICAL COLLEGE.

Professor of Gynæcology, Niagara University.

DIABETES MELITUS.

GENTLEMEN:—We have before us a patient who gives the following history: Seventeen years of age and by occupation a shop girl. Her family history is negative. Aside from the ordinary diseases of childhood she had had no serious illness till four weeks ago, when she noticed great thirst and a frequent desire to urinate. Micturition was attended with a burning sensation along the urethral canal and she, in addition, complained of a tired feeling in the lower extremities. Examination of her urine showed a Sp. Gr. of 1040, urea four grains to the ounce, no albumen, and a considerable amount of sugar. The microscopical examination was negative. The amount of urine excreted has varied between 80 and 130 ounces per twenty-four hours. Her temperature, pulse and respirations have been a little below normal. Diabetes melitus under twenty years of age is infrequeut and cases occurring between the fifteenth and twentieth year are apt to be severe. The hereditary influence in this disease is pronounced and I have known of as many as five cases occurring in a single family. As a predisposing and even as an exciting cause we very often get the history of a severe nervous disturbance, such as might result to a mother upon the loss of a child, the shock of a railroad accident, prolonged anxiety, care, and other sensations of a like nature. Then again we have cases in women occurring at the menopause, but these cases are, as a rule, quite amenable to treatment. From the history of diabetic patients we learn as a usual fact that they have been particularly fond of starchy foods and sugars, or have a gouty diathesis. The etiology of diabetes melitus is but little understood. The theory that it is connected with the kidneys or liver is being generally abandoned. Diabetes melitus, pure and simple, is not connected with the liver. She may have glycosuria, but this must not be comfounded with diabetes. Of late it is the habit to asssciate diabetes with lesions of the pancreas, for in this disease the most marked anatomical changes are found in this organ. In the patient before us we have found the symptoms to be weakness of the limbs and intense thirst followed by a great increase in the amount of urine. The scalding character of the urine is due to fermentation of the sugar which makes the urine acrid and may cause a local eczema of the genitals. Following the onset of the disease her nutrition was seriously disturbed, but under treatment this has been overcome, the amount of urine lessened, its specific gravity lowered and the sugar decreased.

As the pathological anatomy of diabetes shows us no special lesion we must direct our treatment mostly to a careful supervision of the diet. Our aim being to exclude only starches and sugars, we allow for food, fish, eggs, meats, (not fried, for fried meats are difficult of digestion), cauliflowers, spinach, etc., sour apples, peaches, strawberries and preparations of these fruits, preserved in saccharine. As patients do not tolerate an anti-diabetic diet for a long time, we may find it necessary to allow a small quantity of starchy food. It is well in such cases to enforce an anti-diabetic diet for a period of ten days, then for a short time giving a small quantity of bread and again resume the strict anti-diabetic diet. There are cases of diabetes however in which, notwithstanding the elimination of starch and sugar from the food, sugar will persist in the urine. The outlook in these cases is bad, for they may at any time terminate in diabetic coma or, where this does not occur, they render the patient especially susceptible to the contraction of a serious acute illness. Fatty foods have been found very efficacious in the treatment of diabetes. In the form of cream and butter they should be given in large quantitiss. The butter should be fresh and unsalted. In our medicinal treatment we place our chief reliance upon the alkaloids of opium, codeia being the best. This drug has a remarkable effect in decreasing the amount of sugar excreted. A residence at the various watering places, such as the Carlsbad Springs has been much ad-

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vised to patients suffering from diabetes. Patients at these places are more careful in regard to their diet and exercise than when at home and I have found from personal observation that any improvement in their health is due to their improved sanitary regulations and not to any intrinsic value in the waters themselves.

CLINICAL REPORTS.

N. Y. Hospital.

SERVICE OF DR. W. T. BULL,

Saturday, Nov. 19, 1892.

The baby operated upon one week ago for complicated double hair lip, is doing much better than expected. The lip was doubled into both nostrils, and projected into nasal bone. There was some danger of being a malplaced premaxillary bone on account of complication of clefts into both nostrils. The excellent result obtained manifested clearly the work of a clever operation.

The next case presented was a girl nineteen years of age, who was operated on two weeks ago for compound cyst. A large incision, six inches in length, was required. The girl was comparetively very well, and the wound gave the appearance of being healthy and firmly united.

TO-DAYS OPERATIONS.

Ovariotomy. A girl, twenty-three years old and unmarried, has been troubled with enlarged abdomen for five years. In a few months from the time she first noticed the swelling, the enlargement was as large as it ever was, with no effect on her health.

The enlargement has been tapped five times in the last five years, and the effect on her general health has been trifling. Examination shows quite a distention in median line, with but little projection on either side according to enlargement. By fluctuation a distinct wave-like motion from side to side is perceived, and percussion shows that ascites gives a dull resonance.

An incision, four inches long, was made in the median line through the cellular tissues and peritoneum. All hemorrhages were arrested before tapping the cyst. By sweeping his finger around in parietal peritoneum, the operator found some adhesions.

An Ovariotomy trocar was used to remove the fluid, which was of an opaque greenish colour and amounted to nearly two gallons.

All the adhesions were broken down or stripped off by the hand and the abdominal cavity was freed as usual, of a large, white shining cyst. The broad ligament was secured with interrupted silk sutures, which was considered very important. The pedicle was secured by a silk ligature, and disinfected with one part bichloride of mercury in one thousand parts of filtered and boiled water. Examination of the left ovary, disclosed a number of hard cysts, which necessitated the removal of the entire ovary. The peritoneal cavity was irrigated, cleansed and sponged, and the peritoneum closed by one line of silk worm gut sutures.

A layer of sutures, which inclosed all the tissues except the peritoneum was introduced, but not tied until a layer of sutures were interposed, which brought together the muscular wall. The wound was covered with iodoform gauze, and then wet compresses, covered with cotton and bound down by three plasters which extended three quarters of the distance around the body. Over all was placed a binder which was prevented from slipping up by a band which was brought around the hip and fastened by both ends in front.

Irreducible Femoral Hernia. Woman aged forty years, with hernia on left side. She had good health until six or eight months ago, when she noticed after she had strained herself by lifting, a small amount of pain in left groin, and shortly afterwards felt a soft lump just above Ponpart's ligament. On several subsequent occasions it was reducible, but finally it began to be irreducible and dull upon percussion. A soft sac was identified at base of Scarpa's triangle, where a vertical incision three inches long was made, which exposed a sac of pear shape, located directly under the aponeurosis of external oblique. The constricted portion of the bowel being inflamed, was ligatured and the sac removed.

The wound being clean and free from bleeding no drainage was required, and the margins of the incision were united by sutures, and covered with wet compresses held down by plasters. A layer of cotton was placed over the plasters and bandaged down.

Hydrocele. (Radical cure), a man, twenty-seven years of age, who presents a case of hydrocele of tunica vaginalis, which has been causing him more or less trouble for three or four years. It has been stabbed into, fluid withdrawn and injected with carbolic acid, with no permanent result. Dr. Bull says he knows of the result of seven hundred cases of iodine injection in which only 15 per cent failed.

A vertical incision was carried from a point about one inch below the external abdominal ring, on the outer side and to near the bottom of the scrotum. A mass of tissue was found stretching over the testis and tunica.

The testis and scrotal tissues were considerably inflamed on account of the iodine or carbolic acid injected, and caused quite profuse bleeding. The tunica vaginalis and testis were shelled out of the scrotal tissues together, and the tunica exterpated A small glass tube was put in beside testis which had an exit at bottom of scrotum. The wound in the scrotum was closed by sutures, and as usual was covered with wet compresses, cotton and bandages.

Bellevue Hospital.

SERVICE OF PROF. FREDRICK DENNIS.

Tuesday, Nov. 15, 1892.

(*Reported expressly for the Doctors Weekly.*)

Excision of the Hip-Joint. Boy, seventeen years old. Has had a disease of the left hip-joint for three years, during which time pus was being discharged from sinuses anterior to the joint. Various methods were used to cure him but without any satisfactory results, so it was decided to open the joint and scrape out the dead bone and the sinuses. In these cases it is the duty of the surgeon to save the insertions of as many muscles as possible, in order that the functions of the joint may be maintained.

An incision was made, beginning at a point midway between the great trochanter and the anterior superior spine of the ilium, and carried downward and backward in a circular manner over the head of the femur. The entire head of the femur, both trochanters, and the margins of the acetabulum were found in a state of advanced necrosis. The muscles were removed from the trochanters with a periosteal elevator, taking care not to injure the posterior circumflex artery, as the hemorrhage which results from its being cut is dangerous, because the artery lies so deeply in the tissues that it is hard to control it. With a chain saw the upper part of the femur was removed at the surgical neck. The acetabulum and upper part of medulary canal were then thoroughly scraped and the wound irrigated with a Thiersch's solution, and packed with iodoform gauze and left to heal from the botton. The lower part of the wound was left open, so that the particles of dead bone, which could not be washed out by irrigation, will, after undergoing a process of liquefaction, escape with the discharges. The joint was then dressed and put in a splint to render it immovable.

It is expected that the boy will be able to walk in two weeks; without surgical interference he would have died fron exhaustion, caused by extension of this profuse suppuration.

Gunshot Wound of the Leg. Patient was a man, aged 30, who accidentally shot himself, while cleaning a revolver, and a 38-calibre bullet went through the left leg, midway between knee and ankle, passing between the tibia and fibula. There were no symptoms of any large artery having been ruptured. The wounds of entrance and exit were washed with antiseptic solution and an artificial scab, made out of iodoform and styptic collodion, put on so no germs could enter the wound. The case is not serious and the man will probably be able to walk about in ten days.

Such a wound should not be meddled with. If the bullet has not gone clear through, leave it in, unless it can be felt very near the skin; its presence does no harm. It carries no germs with it, for it was red hot when it entered and killed all the micro-organism it may have come in contact with. As soon as the passage was made through the tissues a clot is formed which prevents the entrance of air. If you irrigate the wound or put in a probe you break up this clot, probably start secondary hemorrhage, and allow air to enter, thus making a septic wound, out of an aseptic one. After the part has been in a splint a couple of weeks and the acute processes caused by the passage of the bullet are over, it is safe to locate the bullet by means of the telephone probe or have the patient locate it for you by the feeling of pain or discomfort that he feels at a certain point. Then this penetrating wound may be converted into an incised wound and the bullet removed

SERVICE OF DR. H. H. NELDON.

November 14, 1892.

Trephining for Depressed Fracture of the Skull.—Patient was a boy, thirteen years old, brought into the hospital but a few hours before the operation; that morning he fell about ten feet from the top of a ladder while working in a paper factory, striking on the top of his head. He was not unconscious and walked into the hospital. A distinct depression of about one square inch of bone could be easily felt about the centre of the left parietal bone. As there was no question about the diagnosis it was decided to op-

erate at once and remove the depressed fragments. This was not a dangerous wound at the time, but if left to itself a couple of days, would prove serious. His temperature was normal as were also the respirations. Vomiting, so characteristic of fractured skull, was absent. The boy was anæsthetized and the scalp thoroughly shaved and washed with soapsuds bichloride solution and ether. A curved incision three inches long was then made, partially surrounding the depressed bone, but far enough from it so that no part of the incision would be over any part of the wound, otherwise cicatricial tissue and adhesions would be directly over the wounded part during the healing process, an undesirable state of affairs. The scalp was dissected from over the surface of the wound and a three-quarter inch trephine applied to the sound bone, including a very small part of the depressed portion of the skull. While the trephine was being worked, irrigation was applied to the part otherwise the heat caused by the friction of the instrument and the bone would set up necrosis of bone. The button was removed and with a pair of forceps the separate fragments were nipped out, the dura mater remaining uninjured. After the removal of all the fragments, as well as the projections on the edges of bone that was not depressed, and the wound was thoroughly irrigated, two lines of sutures were put in. An interrupted line of fine catgut sutures sewing the periosteum, which had been raised with the scalp, together, and a continuous line of silk sutures bringing the scalp into place. A horse hair drainage tube was introduced and a strip of rubber adhesive plaster placed over the incision, and then iodoform and bichloride gauze.

This dressing was taken away three days after the operation and the drainage tube removed, showing a perfect result of antiseptic surgery. At this time patient's temperature was 99° F., pulse and respiration normal, and appetite and digestion good.

SERVICE OF DR. BERN GILLAUDET.

November 17, 1892.

AMPUTATION OF THE LEG.—The patient was a man fifty-two years old who, for the past three years, has had a pathological condition of the left knee-joint which was diagnosed as tubercular. Being obliged to labor for his livelihood the joint trouble was neglected in its earlier stages and it gradually grew worse for lack of proper treatment. About nine months ago this joint became so painful that the patient was forced to go to bed. The knee became swollen, the leg became flexed on the thigh, and in this position the joint became anchylosed. He was brought to the hospital a few weeks ago for treatment and the above condition of affairs found, with an inflamed joint and an abscess in the popliteal space, as determined by fluctuation and obtaining of pus with a hypodermic needle.

After the patient was anæsthetized an exploratory incision was made into the abscess, out of which flowed about five ounces of pus. The cavity of the abscess was found to be in communication with the knee-joint. It was then determined to explore the joint. An incision was made, beginning at the internal condyle of the femur and extending downward and forward under the patella to the crest of the tibia. As the condition of the joint was not as yet known; this incision was made so that it would be easily convertible into the U-shaped incision if it was found necessary to do an exsection.

The exploratory incision having been made the joint was opened and extensive tuberculous deposits were found. The fibro cartilages covering the head of the femur were wholly destroyed and the bony surface was rough and eroded. The lateral ligaments were destroyed and only a small portion of the posterior crucial ligament remained. The cartilage covering the head of the tibia was eaten away, numerous large, dark, decayed spots were seen on the head of the bone. That portion of the synovial membrane which remained was thickened with tuberculous masses, which also extended down along the side of the head of the tibia and filled in the inter-condyloid notch of the femur. As in this condition of affairs the joint was completely disintegrated, it was determined to excise the knee-joint.

The exploratory incision was carried across the leg, under the patella, and up to the external condyle of the femur, thus making a U shaped incision. The ligamentation patellæ was cut through and a mass of fat and tuberculous deposit removed from behind it. The head of the tibia was now exposed to full view and a diseased cavity found running down into the medulla of the bone, while the shaft of the bone was surrounded with characteristic tubercular deposits, a similar condition existed about the lower end of the femur. It was found that the disease had so worked upon the bones that when a scoop was applied the bone tissue yielded like cheese, the lower six inches of the femur was of this nature. Considering this broken down condition of tissue, and that, were the joint removed, it would require considerable force to bring the leg into place unless the hamstrings were divided, and that in excised joints the healing process is slow where force must be used to keep the leg in position, the possibility of tetanus and gangrene resulting, and that at least the upper two inches of the tibia and fibula, and the lower six inches of the femur would have to be removed, the idea of excision was abandoned.

Amputation of the thigh was now decided on as the only operation which would improve the patient's condition. Accordingly an Esmarch bandage was applied to the limb and a Teal's amputation performed at the middle of the thigh.

An impressive point in the operation was the retraction of the tissues when the bandage was removed, showing that allowance must be made for this retraction when making the flaps, otherwise the bone will project when the muscles retract, necessitating a second amputation. The wound was sewed up and dressed antiseptically, the whole operation lasting about an hour.

A CASE OF ABSENCE OF THE UTERUS.

BY DR. ALLISON MAXWELL.

The case which I present tonight is that of Miss B., aged thirty-three years, born of German parents, single. The family history of this patient showed a good record. Her mother and father were strong, healthy people, and her sisters were well and had their natural menstruation. The patient's personal history, obtained from her sister, revealed the fact that she was never strong as a child. As she grew to the age of puberty, menstruation did not appear, and never did. She had no special illness, but frequent attacks of sick headache. She was a dwarf in size, about as tall as a child ten years old, but broader and heavier.

I was first called to see her about a year before her death. At this time she was suffering with apparent hysteria. I could not get her to answer any questions at all as to any symptoms of pain or distress. She had no fever, and a pulse of 90. I learned that she had had similar attacks for a year previous to this time, but not with any regularity. I prescribed sodium bromide and chloral for her.

After this she was under the care of a physio-medical doctor, who scolded her and jeered her, and told her that the patient could prevent these attacks if she wanted to.

The first severe attack of hysteria and vomiting lasted seventeen weeks before she was able to leave her bed. Her last illness, when I was called a second time to see her, lasted fourteen weeks. The principal symptoms which I found were pain over the stomach and constant vomiting. There was great stiffness or hardness over the stomach and bowels, and there was dullness over the pyloric end of the stomach, and an apparent tumor, which led to a suspicion of cancer. This, however, proved to be the liver.

During my attendance on her in this last illness, there was at one time a period of twenty-two days that no fluids or solids could be retained upon the stomach. After this for a few days the stomach retained some oyster soup with crackers, then for a period of seventeen days, up to the time of her death, the stomach would not tolerate anything, not even a sup of water.

I will not narrate the treatment, but will come to the point, the autopsy. Twenty-four hours after death, assisted by medical students, Messrs. Eastman and Longfellow, I made a post-mortem examination. The stomach was very greatly congested, the mucous lining much inflamed, but there was no cancer or tumor, but on account of the great emaciation the liver was easily felt through the abdominal walls. I next inserted my finger in the vagina. It seemed natural in size for a virgin, but I could not touch the os uteri. By putting one finger into the pelvis through the abdominal incision, I found the finger in the vagina could touch it easily, without any uterus intervening, but only the wall of a cul-de-sac, or the vault of the vagina. I examined them carefully, *per vaginam*, and through the abdominal incision for the uterus, but it was entirely wanting. There was not even a rudimentary uterus. I found the ovaries, but they were shriveled up, not more than one-third the normal size.

A casual glance at the literature of this subject shows that Kussmau, and others doubt very much if it ever happens that the uterus is entirely wanting, but Emmet states that he has seen six cases or more of congenital absence of the vagina, in which, after careful investigation, it was impossible to detect the slightest trace of the uterus. Thomas, in his work on Diseases of

Women, also says that the uterus tubes and ovaries are at times entirely wanting.

I would say further, that the breasts were no more developed, than those in the male, and the hair, ordinarily around the pubes, was entirely wanting.—Proceedings of Marion Co. (Ind.) Med'l Soc., *Ind. Med. Jour.*

THE RELATION OF THE SO-CALLED MINORGYNÆCOLOGICAL OPERATIONS TO INTRA-PELVIC INFLAMMATION.

L. S. McMurtry, M.D, Louisville, Ky.,

The author calls attention to the advance of civilization, the departure from simple habits of agricultural life, the accumulating influx of European pauper population and an increase of vice, as augmenting the prevalence of specific inflammatory disease of the pelvic organs. The ready infection of the intra-peritoneal structures during an unprotected labor or puerperium, as a conspicuous cause of intra- pelvic inflammatory disease.

Under the head of *pernicious effects of unnecessary examinatilns*, he states that not every woman with pain in back and head at menstrual period should be regarded as a subject of uterine or ovarian disease, salines, hot sitz baths and rest generally giving relief. Opium is decidedly contraindicated and dangerous. The author recognizes mechanical dysmenorrhœa either from cervical stenosis or imperforate hymen, but claims their proportion limited, and when local examination becomes necessary in the unmarried, she should be anæsthetized. The sound he denounces as a bearer of infection, and a means by which the uterine walls have been punctured, hence dangerous and useless.

Under the *use of caustics and chemical solutions*, the doctor speaks truly and feelingly: "I could recite here case after case from my own practice, showing beyond question that mild forms of pelvic inflammation have been converted into serious and acute grades by this treatment, and that disease of the tubes and ovaries dated its activity from the time such treatment was instituted." He therefore endorses Emmet's teachings on the evils of intra-uterine medication.

Dilatation of the cervix uteri resorted to by some for sterility, dysmemorrhœa, on the assumed diagnosis of stenosis of the cervical canal. 1. Sponge or tupelo tents, often within twenty-four hours give rise to elevation of pulse and temperature and the patient has an attack of pelvic peritonitis and its sequelæ of chronic inflamed appendages. 2. Graduated hard rubber dilators, produce a traumatism which may extend itself readily through communicating channels to the peritoneum. 3 Steel dilators most often used, have been erroneously credited with curing menstrual disorders and nervous disturbances associated therewith; and have no place in nervous dysmenorrhœa,—the author recognizes the necessity for dilatation of the cervical canal, by a gentle hand under asepsis as a preparatory step in the remov a of pathological growths from the uterine cavity, but feels the indiscriminate and persistent use of dilatation is a common and prolific cause of disea se of the uterine appendages.

Indiscriminate Trachelorrhaphy. The operation, one of the most appropriate and efficient in deeply torn ulcerating cervices, has been widely abused in having been performed for every variety of pelvic disease and almost every form of nervous disorder. It has unfortunately been also done in cases of unrecognized intra-pelvic inflammations or the lack of proper precautions and aseptic methods have given rise to more serious conditions than the operation was undertaken for.

The routine use of the curette.. Its usefulness in the removal of fungous growths from the endometrium, or removing all kinds of detritus from the interior of the uterus, has long been recognized. Its use in simple endometritis (a rare disease) is questionable, results often showing an aggravation of intra-pelvic disease.

In conclusion the author presents the following summary: 1st. Etiology of intra-pelvic inflammation (salpingitis, ovaritis and peritonitis) may be therefore: (1) puerperal; (2) specific (3) post-operative (traumatic).

2. Unnecessary and uncleanly examinations, with introduction of the sound, may cause by traumatism and infection, pelvic inflammation.

3d. Forcible dilatation, with steel instruments, sponge tents and other instruments, may beget intrapelvic inflammatory disease. This operation has a very narrow sphere of utility, and is usually performed upon erroneous pathological data.

4th. Operations on the cervix with associated disease of the appendages is dangerous. The treatment of lacerations by caustics and astringents is never satisfactory and always dangerous. Trachelorraphy is an operation of high utility, but requires discrimination in application and skill in execution in order to obtain good results. It is often the initial step in tubo-ovarian disease of severe type.

5th. Curettement, while of unquestioned value in removing neoplasms and detritus from the endometrium, is abused as a method of treating inflammatory condditions of the pelvic organs. The curette is an instrument capable of causing extensive lesions, that may light up an inflammation extending to the appendages and peritoneum, or aggravate a pre-existing inflammation therein.—*Med. & Surg. Rep.*

MEDICAL TREATMENT OF DISEASES OF VERMIFORM APPENDAGE.

Ball, of Dublin, in a paper on the subject accepting the clinicul division advocated by Prof. With, of Copenhagen, viz.: peritonitis appendicularis adhesiva, p. a. locales, p. a. universalis, says, with regard to the first variety, that it is indicated by sudden severe abdominal pain, usually most marked on right side, vomiting and pyrexia. Inspection shows muscles of right side of abdomen more rigid than those of left side, abdomen painful and sensitive to the touch. Careful examination generally discovers one spot exquisitely tender. This spot is most frequently found on a line joining the umbilicus with the anterior-superior spine of ilium, and on the adult about two inches from the latter spot. This corresponds with the position of the base of the appendix, rarely at the onset at least in a tumor palpatable. The two other varieties we need not now detail. Treatment: —Let every case be watched with greatest care and visited frequently. To stop the vomiting by withholding food by the mouth is obviously sound practice, while anodynes in small quantities by limiting peristalsis may be nndoubtedly useful, but given in large doses they may be a source of real danger by mask, ing important symptoms. If at the end of twenty-four, or, at most, thirty-six hours from the onset the symptoms are still *progressive*, the case no longer admits of simple medical treatment but demands prompt operative interference, delay in performing the operation is always to be regretted, and is much more serious than to explore what might prove after all only a simple appendicitis.—*Pac. Med. Rev.*

TREATMENT OF GALL-STONE COLIC BY GLYCERINE.

Dr. Ferrand has presented a work on this subject to the French Academy of Medicine. His conclusions are as follows:

1. Glycerine, administered by the stomach, is absorbed unchanged by the lymphatics, especially by the vessels which run from the stomach to the hilus of the kidney and the gall-bladder. It is found even in the blood of the subhepatic veins.

2. It is a powerful cholagogue and a precious remedy in the treatment of gall stone colic.

3. A relatively large dose (twenty to thirty grammes, one-half to one ounce) will bring the attack to an end.

4. A small dose (five to fifteen grammes, one and a quarter to four drachms), taken in a little alkaline water, will act as a prophylactic.

5. Glycerine, without being a lithotriptic, is the remedy, *par excellence*, in gall-stone colic.—*La Semaine Medicale.*

PUERILE OSTEOLOGY.

The following is from a "schoolboy's composition on bones" in the *Weekly Medical Review*. We give it because the impressions left by physiological and anatomical lectures on a child's brain are very difficult to discover, and any light thrown upon them is interesting: "Bones are the framework of the body. If I had no bones in me I should not have so much shape as I have now. If I had no bones in me I should not have so much motion, and grandmother would be glad, but I like to have the motion. Bones give me motion to cling to. If I had no bones my brains, lungs, heart and large blood vessels would be lying around in me and might get hurted, but now the bones get hurted, but not much unless it is a hard hit. If my bones were burned I should be brittle, because it would take the animal out of me. If I was soaked in a acid I would be limber. Teacher showed us a bone that had been soaked. I could bend it easily. I would rather be soaked than burned. All my bones put together in their right places make a skeleton. Cripples and deformed people don't have no skeleton."

Brown—Yes; they thought I was poisoned, and the doctor came with his stomach pump—

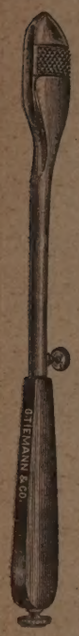
Jones—Did he get anything out of you?

Brown—Yes; five dollars.

A NEW INSTRUMENT FOR THE CURE OF HERNIA.

BY ALEXANDE DALLAS, M.D.,
NEW YORK.

The treatment of Hernia is still so unsatisfactory that any means that will simplify the method and improve the results must prove of interest to the profession I, therefore, beg to call your attention to a new instrument devised by me for this purpose; the simplicity and efficiency of which, I hope, will prove its own endorsement. As shown, it consists of a head and shaft or handle, the cover of which is movable. The end of the head is blunt-pointed; its body somewhat flattened; its outer edge smooth and rounded; its inner edge occupied by a deep groove. By withdrawing the cover, a roughened surface is presented, composed of fine needle-like projections, occupying its anterior, outer and posterior surfaces. While the instrument is being introduced, the cover is pushed forward, connecting these sensations, thus presenting a perfectly smooth surface.



Method of Using.—The patient is placed in the dorsal position, with the pelvis elevated, the parts are thoroughly cleansed in the usual way and anæsthetized by the injection of 30 drops of a 4-per-cent solution of cocaine. A transverse incision, 1 inch long, is then made through the intigument just below the external ring, the subcutaneous tissue separated, the cord gently lifted to the inner side, and the instrument introduced, with the groove embracing the cord. It is slowly insinuated along the canal until its end is felt free in the abdominal cavity; the cover is now pulled back, exposing the serrations, and the instrument is withdrawn, freshening the whole internal surface of the canal. During its withdrawal, the head of the instrument should be followed by pressure with the fingers, to prevent unnecessary effusion of blood The external wound is at once sealed with iodoform collodion, a firm compress is applied over the canal and kept in position by strips of adhesive plaster; and, over all, a spica bandage is placed. There is no appreciable reaction; while, by the freshening of the interior of the canal, its walls adhere closely and the opening becomes obliterated, except a narrow space along the inner edge. The patient is kept in bed for several days; a light truss with grooved pad, is then applied and the patient allowed to go about. As the parts acquire strength, the pressure of the truss should be gradually lightened until, by the end of three months, it can be finally discarded.

To attain the best results, the following points are essential—(1) perfect asepsis; (2) an instrument large enough to slightly distend the canal; (3) prevent unnecessary effusion of blood, by applying pressure as the instrument is withdrawn; (4) the avoidance of improper truss pressure. The pad should press upon the internal ring and along the margins of the canal but not directly over it; and the pressure should be just sufficient to give support to the parts until they acquire strength.

Indications—This instrument can be used in all cases of congenital inguinal hernia for here the canal retains its normal contour even where the hernia is of long standing. It can also be employed in all "recent" cases of acquired inguinal and femoral hernia; and even in many "chronic" cases, it will be found of great benefit.

As inguinal and femoral hernia form 90 per cent of all the cases of rupture, its field of usefulness is very wide. Its method of application is simple and its results will be found to be satisfactory. It is free from danger and the patient's consent can be readily obtained. By its use, truss treatment can be largely dispensed with and the operation for the "radical cure," with its dangers and uncertainties, can be limited to old cases associated with adhesions and other complications.

In femoral hernia, the handle of the instrument is suitably bent to centre the canal; and the groove to protect the femoral vein is wider and more shallow. The incision in these cases is made over the the saphenous opening and care must be taken to avoid wounding the vein,

The instrument is made by Tremann & Co, whom I have to thank for their courtesy and promptness in carrying out my ideas.

By removing the screw at the end of the handle, the different sections can be taken apart and rapidly cleansed.

In Pittsfield the following is recorded on a tombstone:

"When you my friends are passing by
And this informs you where I lie,
Remember you ere long must have,
Like me a mansion in the grave,
Also 3 infants, 2 sons and a daughter."

STRAY LEAVES FROM A PRACTITIONER'S CASE-BOOK.

BR WILLIAM F. WAUGH, M.D.

PHENOCOLL HYDROCHLORATE.

A severe hemicranial neuralgia, in a weak, nervous, sensitive man. The existence of a former narcotic habit rendered the choice of remedies somewhat limited. Eight grains of phenocoll were given at one dose; and in ten minutes the patient was asleep, and after a good night's rest he awoke quite well. No after effects, no depression, no sweating, no drawback, excepting the very unpleasant taste of the drug.

EUROPHEN.

Again has the value of this drug in burns been demonstrated. A severe scald, treated by europhen in 2½ per cent. petrolatum ointment, healed up with unexampled rapidity. This drug parts with its iodine very readily.

LOCAL SEDATIVES.

The local use of sedatives appears to be unknown to the chiropodist. A gentleman came in with a very ugly ulcer on the toes. He had undertaken to remove a soft corn by means of some nostrum. The result was a foot so sore that he consulted a chiropodist. This practitioner treated the ulcer wirh exsiccated alum, varied by occasional applications of silver. Under this treatment the ulcer steadily increased its diameter, and became more malevolent in aspect. The pain was atrocious. A similar ulcer formed on the opposite toe; both spread to the back of the toes, and the foot became much swollen. At this juncture medical advice was taken. The foot was washed with dilute chlorinated soda, dried, and the ulcers covered thickly with bismuth subnitrate. It was then let alone. The pain subsided, and in a very few days the cure was completed.

LATERAL CURVATURE.

A young girl had complained of "backache" for some years. She had been treated for divers ailments, including uterine disease (non-existent), rheumatism, myalgia, neuralgia, etc. An examination showed a slight lateral scoliosis, with projection of the sternum on the right side. Reconstructive tonics were given, in generous doses, with good diet, and the muscles of the back and chest faradized every day. The pains have been relieved, the girl's gait is erect, and the curvature is less marked. The ordinary corset has been replaced by one having the sides of elastic, which allows much more freedom of motion. This case is an illustration of the necessity for thorough examination in cases whose nature is not immediately obvious. Any tyro in the medical art could have diagnosed the case, had he taken the trouble to strip the patient to the skin and examined the chest properly. Some patients may object to this, but, as a rule, people come to a physician for relief, and they are grateful to him for the pains he takes with them.

BEEF AS AN EXCLUSIVE DIET.

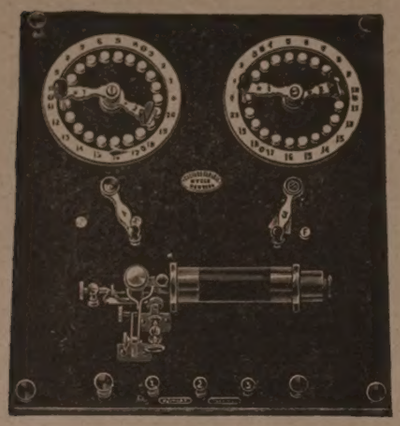
A gentleman who had suffered long from dyspepsia, constipation, anorexia, and consequent debility, was advised to adopt the Salisbury diet of beef exclusively. The first effect was not encouraging, as he lost ten pounds from an already emaciated body. But after that he began to improve, and his verdict after six weeks' trial was: "Better than I have been for ten years."

A girl 19 years old, a typical case of chlorosis, was placed on the same diet. She took a meal every four hours, consisting of lean beef, chopped finely, all connective shreds picked out, and the beef-pulp dropped into a pan in a little hot butter, and allowed to cook until the color had changed. The girl improved at once. In a week she was allowed to add half a pint of hot, salted milk to each meal. The milk was to be taken with a teaspoon, to insure slowness of imbibition. In another week, freshly expressed grape juice, and stale bread, well toasted, were added. No medicine of any sort was given up to this time. The improvement was fully as rapid as in the most favorable cases treated by iron. At every visit the girl's eyes were brighter, her lips redder, and her listless apathetic attitude exchanging for the briskness of health.—*Times and Register.*

TREATMENT OF ANASARCA.

Arnemann (*Therap. Monatsh.*, October, 1892) says that treatment by diuretics, diaphoretics, laxatives, cardiac tonics, etc., at length fails, and that measures have to be adopted to let out the fluid. He refers to the danger of infection when this is done by puncture, and for private practice a more convenient method is required than Southey's tubes. The author therefore recommends deep incisions, which should be long and few in number. The fluid is thus drained off rapidly, washing away with it any infecting agents, and so rendering the chances of infection small.

HERE IS AN IDEA FOR YOU, DOCTOR!



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OBITUARY.

Dr. L. C. Frisbie, of Albany, N. Y., died at Vallejo, September 24, 1892.

Died suddenly, Sunday morning, at his residence in this city, 18 E., 9th st., November 20, Dr. Attila J. Kelemen.

At Oldenburg, Ind., on October 25, 1892, Dr. H. G. Averdick, in his 66th year. He was a prominent and popular physician.

Mrs. I. J. Van Skelline, wife of the late Theodore Van Skelline, M.D., died at her late residence, No 71 Calyer street, Brooklyn, E. D., of heart failure, Nov. 13.

Dr. Enoch Fithian, the centenarian of Cumberland County, died at Greenwich, N. J., on the 15th inst. Dr. Fithian graduated in the medical department of the University of Pennsylvania in 1815 aud practised medicine for half a century, retiring in 1865. He was never married.

Dr. Francis Upton Johnston, a well known physician, died at his home in Central ave., St. George, S. I., last week. He was born in this city on April 18, 1826, was graduated from the New York College of Physicians and Surgeons in 1852 and was for several years engaged in practice in this city and Hyde Park. He was a member of the medical staff at the S. R. Smith Infirmary, New Brighton, S. I., since 1881. Dr. Johnston was a son of the late Dr. Francis U. Johnston, of this city. He was a member of the New York County Medical Association, of which he was one of the founders.

MARRIAGES.

Miss Meta Elizabeth McAllister, a daughter of the late Colonel Julian McAllister, U. S. A., and a niece of Mr Ward McAllister, was married to Mr John Howell Janeway, Jr., a son of Surgeon J. H. Janeway, of the U. S. A., at St. Thomas' Church, this city, Nov. 21.

PERSONAL.

Dr. J. T. Whittaker, of Cincinnati, O., was slightly injured recently by a detached overhead trolley wire, which fell on him while he was driving along a street in that city.

Dr. A. E. Persons, has resigned from the chair of Materia Medica and Therapeutics in the Medical Department of Niagara University, Buffalo, N. Y., and Dr. Rollin A. Banta has been elected as his successor.

Dr. Nathan A. Mossman, 350 Madison Ave., this city, was seriously injured on Saturday last, by the upsetting of his carriage on Fourth Ave. The accident was due to a collision with a runaway horse attached to a heavy cab.

SCIENCE DID IT.

Only recently in Greece, field mice appeared in such alarming swarms as to threaten the utter destruction of the growing crops, and the farmers and government were at their wits' ends to discover efficient means to combat the pest. At the suggestion of Pasteur, Prof. Loeffler, of Griefswald, was applied to. He had discovered that the field mouse (Arvicola arvalis) was very susceptible to the inoculation of a certain bacillus, and also to infection with the same through the alimentary canal. Cultures of this bacillus were furnished in large quantities, and bread soaked with the liquid containing them was placed in the neighborhood of the burrows in which the mice dwelt. It had been previously amply proved by experiment that the bread thus soaked could be eaten by man and the ordinary domestic animals with entire impunity. The process of destruction was hastened by the fact that the living mice feasted on their dead brethren, and the pest was abated in time to save part of the crops and avert a famine. No method known to man five years ago could have safely accomplished this result.—*Exchange.*

EXCISION OF SYPHILITIC CHANCRE.

S. I. Goldenberg, of Nikolaiev (*Meditzinskoie Obozrenie*, No. 12. 1892) relates four cases of primary syphilitic sclerosis of the prepuce in men, aged from 21 to 30, in which he performed circumcision, excising as much as possible of the foreskin, together with the ulcer. In one of the cases the operation was done on the second day after the appearance of the lesion, or on the seventh after the last intercourse (the patient's wife was found to be covered with syphilides); in another on the third and sixth days respectively; in a third, on the fifth day after the development of the sclerosis; and in the fourth, on the fourteenth day after the last coitus, or on the fifth of the symptoms. In the latter case the operation failed to prevent the development of secondary manifestations, roseola, etc., appearing ou the twenty-seventh day after excision. But the other three patients remained absolutely free from any signs of syphilis up to the present. In one of the cases seventeen months passed since the operation; in another nine; and in the third, eighteen. The author believes that he has succeeded in cutting short the course of syphilis in all the three men.

A RARE CHANCE.

Wishing to devote my entire attention to a specialty in a larger city, I will sell my practice, which pays from $8,000 to $10,000 a year, to a thoroughly competent man for $5,000 cash. The practice has been established 10 years in a city of 10,000 inhabitants, on the line of one of the principal Railroads and is the largest place within 60 miles Will remain with buyer long enough to thoroughly introduce him. Address: "Medicus," care Doctors Weekly.

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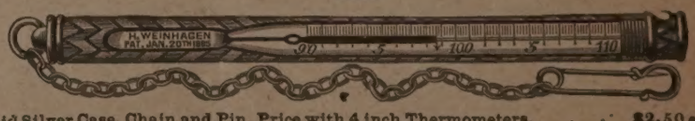

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H. WEINHAGEN, 22 & 24 North William Street, New York.
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Mr. H. WEINHAGEN. Dear Sir:—During my connection with the Observatory of Yale College, between thirty and and forty thousand Thermometers of all classes underwent a critical examination at my hands. I thereby formed the opinion that the workmanship upon your Thermometers was fully equal to that of any in the market. Very respectfully,

Baltimore, Md., 8, November 1887. ORRAY T. SHERMAN.

The Doctors Weekly

IS PUBLISHED

EVERY SATURDAY,

BY

FERDINAND KING, M. D.

EDITOR AND PROPRIETOR,

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COCAINE IN SURGERY.

In an article which appeared in the last two issues of the WEEKLY on the use of cocaine with special reference to mucous membranes, its author, Dr. Arthur G. Hobbs, of Atlanta, Ga., says:

"I have had but little experience in its use beyond its local application to mucous membrane surfaces, because I have never believed that its range of utility extended any further, except, perhaps, in a very few instances; hence I know very little of its general usefulness hyperdermically, as it has usually seemed to me to be quite as painful to introduce it in this manner as the pain of a minor operation would be, especially when we consider the limited quantity that can be borne when it is introduced so directly into the circulation."

Since the above statement appeared in print, we have taken the pains to interview several of New York's most prominent surgeons as to their experiences with cocaine in surgery. It is employed quite extensively in the hospitals here and with much satisfaction; indeed, we have not learned of a single fatality following its administration hypodermically. In minor surgery cocaine has almost entirely superseded chloroform and ether. Tracheotomies, tenotomies, and operations for the relief of strangulated hernia are performed almost daily by our leading surgeons who employ cocaine for obtunding sensibility. As to the quantity of cocaine that may be safely used hypodermically that is a debatable question. No one has yet defined the limit of safety. A four per cent. solution is usually employed. One surgeon in this city has used one hundred and fifty drops of a solution of this strength (injected along the line of incision), in doing a laparotomy, with no untoward effects. It must be admitted, however, that certain idiosyncrasies should be taken into consideration in using so powerful an agent.

WILL THE DOCTORS FIGHT?

The doctors in St. Louis seem somewhat agitated over the differences between the Barnes Medical College and the Anatomical Board of that city. It seems that this Board, which controls the distribution of "stiffs" among the medical colleges there, refuses to accept the college's affidavit regarding the number of students in actual attendance, and declines to deliver to its officers any material for purposes of dissection. The contest assumes something of a triangular affair by the interference of the Marion Sims College. The "lie" is being handed around quite freely amongst the doctors interested in the squabble and no doubt the matter will finally be carried into the court for settlement. In the meantime amputating knives, scalpels, gum lancets, bone forceps, and other implements of medico-chirurgical warfare are kept within easy reach, by the average St. Louis College doctor.

RAILWAY SURGERY AT THE PAN-AMERICAN MEDICAL CONGRESS.

A Section of Railway Surgery of the Pan-American Medical Congress has been organized with Dr. C. W. P. Brock, of Richmond, Va., as Executive President. A full list of officers has been provided for each of the constituent countries. At the eleventh annual meeting of the Wabash Railway Surgical Association—the first organization of the kind—Dr. C. B. Stemen, of Ft. Wayne, was by unanimous resolution requested to prepare a paper on Organized Railway Surgery and read the same before the Section on Railway Surgery of the Pan-American Medical Congress. At the same meeting Dr. Hal C. Wyman, of Detroit, offered the following, which was unanimously adopted:

Resolved, That each member of the Association solicit his Congressman to interest himself in legislation in favor of the Pan-American Medical Congress.

THE TREATMENT OF OBSTINATE HICCOUGH.

It is doubtless perfectly true that the treatment of hiccough has not received much notice at the hands of the writers of text-books in this country. But the reason of this probably is that the symptom seldom attains to any serious proportions in this part of the world, so as to call for relief by the medical man in attendance. When, however, hiccough acquires an obstinate persistency, for the relief of which therapeutic aid is urgently needed, difficulties may be met with. A case in point is recorded in an Indian contemporary, where a retired officer aged 76, who had been suffering from acute congestion of the liver became affected with obstinate hiccough, which set in as a most alarming and distressing symptom. Everything was tried in the way of drug treatment which could be suggested, but without avail. One day, however, some beef tea was taken, which incidentally caused the patient to vomit. For a time, in consequence of this, the hiccough was relieved; whereupon the practitioner determined to try an injection of apomorphine, and the result was that vomiting was produced, and the hiccough ceased permanently. Altogether the symptoms persisted incessantly for seventy-two hours, and caused much distress to the patient. Physostigma has been recommended as useful in these cases —*Med. Press.*

GARDNER'S SYRUP OF HYDRIODIC ACID. HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a nonirritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner *

HYDROLEINE

(Hydrated Oil.)

Produces rapid increase in Flesh and Strength.

FORMULA—Each Dose Contains:

Pure Cod Liver Oil	80 m. (drops.)
Distilled Water	35 m.
Soluble Pancreatin	5 Grains.
Soda	⅛ "
Salicylic Acid	¼ "

Universally Prescribed.

It is sought to introduce THIS INVALUABLE THERAPEUTIC AGENT exclusively on its MERITS, and for that reason the Profession is appealed to ONLY THROUGH THE COLUMNS OF MEDICAL JOURNALS.

Hydroleine is a purely **scientific preparation** for the cure of **incipient consumption,** and all forms of **wasting disease;** its unquestionable success and its **perfect reliability** in cases of **EMACIATION** occasioned by **A DECAY OF THE VITAL TISSUES,** makes **Hydroleine** one of the necessary requisites of the successful practitioner It is **thoroughly palatable, easily digested;** and produces rapid increase in **flesh** nd **strength.**

The basis of its formula is PURE NORWEGIAN COD LIVER OIL, and one teaspoonful of this preparation will give MORE SATISFACTION than three teaspoonfuls of the many usually prescribed emulsions.

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Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia.

Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and when used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent Morphia strength.

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I am very much pleased with your electrical apparatus. The battery and electrodes all work well. I have to thank you too, for your promptness in attending to the different orders I have sent you. I can conscientiously recommend your house to others in need of supplies. Very truly yours,
HUNTER MCGUIRE, M.D.

All goods are warranted as represented. Send postal for Catalogue. Upon receipt of ten cents we will forward a reprint on "Electricity in Gynæcology," by Professor G. J. Engleman, St. Louis, Mo.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

WITH DOCTORS WEEKLY. $3.50.

PRESCRIPTIONS.

CHRONIC RHEUMATISM.—
℞ Calcii chloridi, ʒ iij.
Syr. simplicis, ℥ iv.
Olei gaultheriæ, gtt. iv.
M. Sig.: A tablespoonful thrice daily for adults. One-third dose for children.
Also use externally:—
℞ Calcii chloridi, ʒ j.
Aquæ, ℥ xiiss.
M. Ft. lotio.
Sig.: Soak lint in the solution, and wrap it about the joints.—BUCKWORTH, *Annual Univ. Med. Sci.*

AMENORRHŒA.—
℞ Hydrarg. chlorid. corros.,
Sodii arsenit., aa gr. ij.
Strychnin. sulph., gr. iss.
Potass. carbonat.,
Ferri sulphat., aa gr. xl.
M. et ft. pil. no. lx. One pill after each meal.—*El Siglo Medico.*

COUGH MIXTURE.—
℞ Syr. tolu
Syr. pruni virg.
Tr. hyoscyami
Spts. eth. co.
Aquæ } aa ʒ i.
M. Sig.: A teaspoonful every hour.—*Janeway.*

For the treatment of the reflex cough accompanying catarrhal sore throat, there is no remedy so effective as a spray of the following, which may also be used as a gargle:

℞ Acidi carbolici, ʒ i.
Pulv. sodii bor., ʒ i.
Cocainæ hychochlor, grs. xii.
Glycerini purif., ℥ ss.
Aquæ rosæ, ad ℥ xii.
Sig: To be used as directed.
Ontario Med. Jour., Oct. 1892.

HÆMORRHOIDS—Dr. Kosobuski (*L'Union Medicale*) recommends the following ointment in hæmorrhoids—
℞ Chrysarobin, 0.8 (gr. XII).
Iodoform, 0.3 (gr. V).
Extr. belladonn., 0.6 (gr. X).
Vaselin, 15.0 (℥ ss).
M. f. ung. —*Condensed Extracts.*

CHRONIC RHEUMATISM.—
℞ Tinct. guaiaci æth., ℥ j.
Tinct. cannabis Indicæ æth., ʒ vj.
Tinct. colchici æth., ʒ ij.
M. Sig.: Twenty-five to thirty drops on sugar, every four hours.—ATLEE.

℞ Linimenti aconiti, (B. P.),
Linimenti belladonnæ, aa ʒ ij.
Glycerinæ, ad ℥ ij.
M. Ft. linimentum.
Sig.: Apply locally over the seat of pain.—FOTHERGILL.

ACUTE ARTICULAR RHEUMATISM.—Dr. A. Hennig recommends the following potion in the treatment of acute articular rheumatism.—
℞ Salipyrine, 6 grms.
Glycerin, 14 grms.
Raspberry-syrup, 30 grms.
Distilled water, 40 grms.
M. Sig.: To be taken in the course of the afternoon, a spoonful every fifteen to twenty minutes.

Dr. T. J. Mays (*Pitts. Med. Review*) suggests the following as a stimulant to the appetite in Pulmonary Consumption—
℞ Acid. phosphoric. dilut.
Acid. muriatic. dilut.
Acid. sulphuric. dilut.
Tinct. ferri. chloridi } aa f ℥ ss.
M. Sig.: Thirty drops in a half glass of cold sweetened water during meals.

THE enormous sum of $1,250,000 is derived from the yearly sale of three half-penny stamps placed upon proprietary medicines in England and Scotland.

THERAPEUTIC NOTES.

HOT WATER, by enema, has been warmly recommended as a hæmostatic in *post-partum hæmorrhage*, or in threatened *abortion.*

DR. HOBART A. HARE, of Philadelphia, is making a research into the action of chloroform, on behalf of the government of the Nizam of Hyderabad.

A PRESCRIPTION belongs to the patient. In a recent case tried in Detroit the court rendered this decision. Testimony tending to show that druggists regard the prescription as their property was excluded.

A WRITER IN THE Gazzetta degli Ospitali recommends a mixture of equal parts of lobelia, stramonium, and green tea-leaves, rolled into a cigarette, for the relief of asthma. The leaves are well mixed and then soaked for a time in a saturated solution of potassium nitrate After this they are dried, and then kept for use in a large-mouthed, well-stoppered bottle.

COCAINCANTHARIDATE, is a mechanical mixture of Cantharidinate of Sodium, with 1 per cent. of Cocaine hydrochlorate. It is an amorphous, white powder, odorless, slightly soluable in cold water, but readily soluable in hot water. It is said to be a valuable remedy, when used hypodermically in Chronic Catarrhal affections of the nose, naso-pharynx, larynx and bronchi and in incipient tuberculosis of the nose and larynx.

MILK AS A DRESSING FOR WOUNDS, BURNS, ETC. Dr. Dale has obtained excellent results in dressing burns with milk. Compresses are soaked with milk and laid on the burn, to be renewed night and morning. An extensive burn on the leg was healed in this manner. Two days reduced it in size from fourteen to seven centimeters; at the end of three days it measured but two centimetres and a half in diameter. Another burn, which had been treated for eight days with olive-oil and the oxide of zinc, healed rapidly under a milk dressing.—*Le Bulletin Med.*

WITHOUT DESIRING to lay any claim to priority relative to the use of sodium salicylate in sprains, Dr Labbée relates a few facts pertaining to this subject. In a case of sprain of the tibio-tarsal articulation, he observed, after the administration of 4 grammes (1 drachm) of sodium salicylate in twenty-four hours, that the pain completely disappeared, so that as early as the next morning massage could be resorted to without occasioning the slightest pain, and after four days the patient was cured. Since then, he has prescribed the same treatment in a number of other cases of sprain, and has always obtained, it is claimed, equally satisfactory results as in the above mentioned case.—*Sem. Med.*

FOLLOWING ARE A few of the numerous applications of iodoform. In the obstinate, chronic enlargement of tonsils, so common in our changeable climate, the writer has derived good results from iodoform in pill of ½ or 1 grain, three times a day, persisted in till patient declares throat is well. In glandular enlargements, particularly of a strumous nature, an ointment—20 to 60 grains to ounce of lard, vaselin, or lanolin—will prove a prompt and effective sorbefacient. It has been found useful when applied to enlarged prostrate gland. A professional friend informs me that a prostrate enlargement with stricture, that had resisted all other treatment, yielded to the local application of the drug. Writer has seen a small ulcer of leg to which a 20-per-cent. ointment was applied, rapidly fill up from bottom with healthy granulation. Large burnt surfaces have healed and cicatrized without contraction under its benign influence.—*American Therapist.*

SHE WAS DOING HER SHARE.

The young physician was tired when he returned from his evening's calls, says the Detroit *Free Press*, but as he settled down in his easy chair and his pretty wife of only a month or two took a seat beside him he asked affectionately:

"And has my little wife been lonely?"

"Oh, no," she said animatedly; "at least not very. I've found something to busy myself with."

"Indeed!" he said. "What is it?"

"Oh, I'm organizing a class. A lot of young girls and married women are in it, and we're exchanging experiences and teaching each other how to cook."

"What do you do with the things you cook?" he asked interestedly.

"Oh, we send them to the neighbors just to show what we can do. There's one boarding-house gets most of it. It's lots of fun."

"Dear little woman," he said, leaning over and kissing her. "Always thoughtful of your husband's practice. Always anxious to extend it."

THE FIRST BOY, sentenced to death in the Electric Chair in New York State, hails from Brooklyn, and is only sixteen years of age. He murdered an infant some months ago.

SANTAL-MIDY

OL: SANTAL: PUR: (MIDY)

For gonorrhoea and all forms of urethritis. It replaces copaiba, cubebs, and other remedies, without producing eructations, offensive odor or diarrhœa, and the discharge is reduced to a slight oozing in forty-eight hours. It cures the most obstinate cases of cystitis and inflammation of the neck of the bladder.

Dr. Posner stated before the Berlin Medical Society: "The best form of sandal-wood oil was the French preparation known as **Santal-Midy.**"—*Medical Record.*

Dr. C. H. Kirwan, says: "After six months' use I can say that I never obtained such satisfactory results from the internal administration of any drug in gonorrhœa as with Santal-Midy capsules; I prescribe them constantly and always with excellent results.—*Med. Herald.*

Santal-Midy is distilled from the best Mysore sandal-wood, and is dispensed in small, spherical capsules of 20 centigrammes.

Dose: 6 to 12 capsules daily.
Original bottles contain 40 capsules

Depot:

E. FOUGERA & CO.,
30 North William Street,
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From whom samples and literature may be obtained on application.

THE PUREST & MOST ACTIVE PEPSIN

EVER INTRODUCED.

Webber-Pepsin, S. & D.

Standard

1 TO 6000.

A Soluble, Non-Hygroscopic, Inodorous, Permanent Pepsin.

Dose: ⅛ to 2 Grains.

The Webber-Pepsin will completely digest 6000 times its weight of coagulated egg-albumen in accordance with the conditions of the U. S. P. test or that of the National Formulary.

It is not a Peptone-Pepsin yet it is perfectly soluble, being free from mucus and inert putrescible matter, and is so palatable that the most fastidious patient will take it readily.

It is entirely free from septic contaminations, or other products of decomposition.

Physicians will appreciate these several advantages as possessed solely by the Webber-Pepsin.

Although further investigations based upon the Webber process have enabled us to produce Pepsin capable of digesting from 20,000 to 30,000 times its weight of coagulated egg-albumen, we have adopted 1 to 6000 as our standard for the Webber-Pepsin because this already far exceeds the digestive power of any other Pepsin yet introduced, and especially because the production of a Pepsin of a still higher digestive power disproportionately increases its cost.

The Webber-Pepsin is offered in Granular form and in Scales, but unless otherwise specified, we invariably furnish the GRANULAR form.

Samples furnished upon application.

Manufactured only by

SHARP & DOHME,

BALTIMORE, MD., U. S. A.

MEDICATED VEGETABLES.

"We must revert to the period when Harvey first discovered the circulation of the blood and start afresh. From that time up to the present day the doctors have continually erred in following up those paths that lead to the most unprolific fields in medical knowledge, and for this reason medicine is so far in the rear of all other sciences."

Such is the astounding opinion of Dr. Xavier Werpen. The little Doctor is a Belgian. He practises very little, for he is thoroughly engrossed with what he regards as his great discovery. And this theory of his is certainly a most unique and original one. It seems simple, and, as the Doctor expounds it, very plausible, and one unconsciously wonders why the principle has never been adopted before.

The man who thus boldly sets himself above the great Virchow, lives on the third floor of an apartment house on Seventh street, near Second avenue. His argument is that our chemicals are, almost without exception, in too crude a state for direct assimilation by the body. Substances such as sulphur, manganese and mercury, beneficial as they may be theoretically, he contends, should still be made to undergo some change before they can enter the body without deleterious effect. Chemistry, the doctor asserts, will never solve the question; but nature, he maintains, has already solved it.

The principle he embodies in these words:—"The mineral must first be digested by the vegetable before it can enter the human body without danger. It is the succession in which the earth itself was created; from the mineral the vegetable, and from the vegetable the animal kingdom sprang into life."

Acting on this plan, the doctor seeks to introduce his minerals into vegetables, aided by the gentle assimilation of Nature. In this way, he alleges, the mineral will partake of the gentler influence of the vegetable, and, retaining its unimpaired force, its evil propensities will be mitigated.

With the exception of a limited number of chemical discoveries, the Doctor rejects absolutely all the advancement which medical science has made since the time of Harvey. Much has been accomplished since that time, he admits; but chance, he thinks, has done more than intention; all efforts have been directed at random, and the paths which the medical scientists of the present day hav opened are gradually leading to the four winds.

AN EXPERIMENTAL GARDEN.

From the Doctor's room there leads a little stairway to the roof. Here upon the roof he has a row of boxes that forms his vegetable garden. Since the advent of autumn the crop has been sadly depleted, but still, if the Belgian's theories are correct, he has left a number of specimens of the strangest vegetables that nature has ever attempted to raise.

The Doctor was kind enough to exhume a large, white autumn radish. Whether it was the influence of the Doctor's words upon the imagination or not remains uncertain, but it certainly seemed as if the radish were impregnated with a slight sulphurous flavor. The taint was by no means unpleasant, and the Doctor asserted that when his system of impregnating his vegetables had become more perfect nothing would be found to cleanse the system in the spring and fall like his sulphur radishes.

He also unearthed a potato which he said he would soon be able to recommend as a great flesh producer, and as possessing the properties of curing afflictions of a nervous nature. The natural starch of the potato, said he, was now slowly digesting a mixture of iron and magnesia.

The method by which he applies his medicines to his plants the Doctor will under no circumstances reveal. It may be, however, that the fluid with which he douches his vegetables is a chemical solution. He admits, though, that the idea came to him through noting the manner in which Harvey arrived at his great discovery.

The Doctor's theory certainly opens a pleasing vista to the invalid, who may soon be able to consume the substitute for his nauseating drugs in the form of a tempting and appetizing meal.

It can readily be understood that medicines, if served in this manner, could be much more successfully digested and assimilated by the sensitive organs of the body. And if, as the Doctor contends, the strength of the chemicals would remain unimpaired, and while they would penetrate the diseased portions of the human frame would be robbed of their evil tendencies, it is certainly to be hoped that the practical application will be as agreeable as the theory seems to be.

On descending to his room Dr. Xavier found a patient awaiting him. The Doctor introduced him as his dyspeptic patient and said that this was the sole patient he had and wished to have at present, while he was perfecting his system. The patient was a young man who seemed to be suffering from an acute case of indigestion. According to the Doctor his patient was now cured, though less than a month ago he had been as emaciated as only a genuine dyspeptic can look. This wonderful result, he asserted, had been accomplished by simply feeding the invalid once every midday on a bunch of "dyspepsia grapes."

The patient, who seemed a good humored fellow, was obviously letting the Doctor try his experiments upon him. According to Dr. Werpen he was suffering from a complication of diseases. A touch of liver complaint and the dyspepsia had already been eradicated from his system by the eating of health vegetables, and now there was a slight case of rheumatism left, which he prophesied would soon be driven away by the same kind of remedies.

There were a number of small jars in the room, each containing a bunch of the dyspepsia grapes. The stem of each bunch was immersed in alkohol. As soon as a bunch is sufficiently impregnated the Doctor covers the abrasion of the stem with a coating of gelatine. His most successful experiments, says the Doctor, have been with the grapes. Pears he has tried, and also peaches, but with minor success. In these fruits his method of application is different from that which he observes in impregnating vegetables still growing.—*N. Y. Herald.*

CURSO—I always regarded Dr. Rapsool as a truthful man until yesterday.

Fangle—What happened then to upset your belief in his veracity?

Cumso—He told me his practice was so heavy that he hadn't time to send out bills to his patients.

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of tho active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

Two sample bottles to any physician who will pay express charges.

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267 W. 17th St., New York.

Specify "Battle" when Prescribing our Preparations.

BROMIDIA

THE HYPNOTIC.

Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being elliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne principle of one-eight grain of Morphia.)

IODIA

THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

Specify "Battle" when Prescribing our Preparations

MEDICAL COLLEGES IN NEW YORK CITY.

Bellevue Hospital, foot E. 26th.
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New York Medical College and Hospital for Women, 213 W. 54th.
Post-Graduate, 225 E. 20th.
Polyclinic, 218 E. 34th.
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Demilt, 401 2d ave., 8 to 5; Sundays, 9 to 10, 1 to 2.
Dental, 245 E. 23d, 9 to 12.
Deutsche Poliklinik, 411 6th st., 1 to 5.
East Side (Harlem), 306 E. 115th, 2 to 4.
Eastern, 57 Essex, 9 to 5 Sundays, 9.30 to 10.30.
Eclectic, 239 E. 14th, 2 to 4; Tuesdays and Fridays, 1 to 3, for nervous diseases.
For Children, 407 W. 34th. (Sisters of St. Mary), 1.30 to 2.30.
Fordham, 2511 Vanderbilt av., 2 to 3.
German, 137 2d av., 2 to 5.
German (West Side), 411 W. 38th, 2 to 4.
Gouverneur, Gouverneur Slip, cor. Front, 10 to 12, 2 to 4.
Harlem, 160 E. 126th, 1 to 3.
Harlem (Eye, Ear and Throat), 80 E. 125th, 2 to 3.
Manhattan Eye and Ear, 103 Park av., 2 to 4.
Metropolitan, 303 W. 43d, 1 to 3.
Metropolitan (Throat), 2 to 4.
Mt. Sinai, E. 66th, cor. Lexington av., 1.15 to 4.
New Amsterdam Eye and Ear, 212 W. 38th.
New York, 137 Centre, 9 to 5.
New York, Eye and Ear, Second av. & 13th, 12 to 3.
New York Homœopathic (Medical College), 201 E. 23d, 10 to 4.
New York Hospital, 7 W. 15th, 2 to 4.
New York Infirmary (For Women and Children), 5 Livingston pl., 9 to 11.
New York Medical College and Hospital for Women, 213 W. 54th, 10 to 12, 1 to 4.
New York Medical Missionary Society, 7 Nassau. Dispensaries: 81 Roosevelt. Tuesday,s Thursdays, Fridays and Saturdays; 39 Pitt, Wednesdays and Fridays; 310 W. 54th, Mondays, Wednesdays, and Fridays.
New York Ophthalmic and Aural Institute, 46 E. 12th, 2 to 3.
New York Ophthalmic Dispensary, 201 E. 23d.
New York Orthopedic, 126 E. 59th, 1 to 3, except Saturdays and Sundays.
New York Polyclinic, 214 E. 34th, 9 to 5.
New York Post Graduate, 226 E. 20th, 9 to 7.
New York Skin and Cancer, 243 E. 34th, 2 to 4.
Northeastern, 222 E. 59th, 9 to 5; Sundays, 9 to 10, 1 to 2.
Northwestern, 403 W. 36th, 9 to 4.
Northern, Waverly pl., cor. Christopher, 8 to 5.
St. Andrew's Infirmary for Women, 108 E. 28th, 2 to 3, except Sundays.
St. Bartholomew's, Skin and Venereal Diseases, 300 W. 36th.
St. Chrysostom's, 550 7th av., 3 to 4, except Tuesdays and Thursdays.
St. George (for Women and Children), 18 Clinton pl.
St. Mary's Free Hospital and Dispensary for Children, 405 W. 34th.
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Tompkins Square Homœopathic, 261 E. 4th, 1 to 3.
Trinity, 36 State, 9 to 11.
Twenty-third and Twenty-fourth, Wards Dept. Pub. Char. and Cor., 730 Westchester av., 10 to 4; Sundays, 2 to 3.
University Medical College, 408 E. 26th, 10 to 4.
Vanderbilt Clinic, 60th & 10 av.
Western, 201 W. 38th, 10 to 4.
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LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

THIOL *vs.* ICHTHYOL.—Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, says Editor Stowell in the *National Medical Review*, ichthyol has won a first place. But it has the disadvantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur, and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerin. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proved of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions, and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession.—*The American Therapist*

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VAGINAL DOUCHE AFTER VAGINAL HYSTERECTOMY.*

BY DR. W. H. WATERS.

This is a uterus removed from a woman 44 years of age. The history of the case is about as follows: For a year preceding the time she applied to me, she had been having a discharge from the vagina of, first a muco-sanguineous character, then a mixture of blood and pus, and finally a well defined hemorrhage, which, she supposed, was a return of the menstrual function. She had some pain and weight in the pelvis. Her husband, a prominent physician, then examined her and detected what he supposed to be an incipient epithelioma. He treated her by local applications and vaginal douches for six months, when he referred her to me. The hemorrhage had gradually increased and for three months before she consulted me, it had been almost constant. The posterior cervix was involved, and a portion of the anterior cervix and posterior vaginal walls down to nearly the bottom of Douglas' pouch. She was very anxious to have the organ removed, and her husband insisted upon it. About six or seven weeks ago a vaginal hysterectomy was done. I neglected to say that the womb was completely retroverted, lying upon the rectum, but it was not adherent. The only apprehension I had in the removal of the womb was the difficulty in getting far enough back to go behind the malignant growth and not invade the rectum. The womb was removed without any especial trouble and no untoward symptom worth relating developed in the history of the case, until on the morning of the fifteenth day. Her regular nurse had been dispensed with on the fourteenth day; the nurse attending the convalescing patients at the infirmary took charge of the case, and, as is her custom, with a desire to preserve cleanliness, she gave a vaginrl douche of about as much or more than a quart of bichloride of mercury solution 1 to 1,000 or 2 to 2,000. Very little of the water returned, but the nurse contiuued to inject it all. The woman began to suffer intense pain. The nurse thinkiug that possibly the solution was too strong, injected some water without any bichloride in it, how much I do not know; she said about a quart, she thought, and very little of that returned. I was telephoned that the woman was suffering intensely and sent my nurse at once who telephoned the condition, and gave the patient a hypodermatic injection of morphine. I saw the patient in an hour and the water was flowing from the vagina, keeping everything wet; about every five or ten minutes she would have quite severe labor-like pains, when the water would gush from the vagina, showing that it had been forced into the peritoneal cavity. She suffered so much that it required one-fourth grain of morphine about every three hours until the next day, when the pains gradually grew less but continued for probably three days before she was entirely relieved. I observed the next morning that she was passing no urine, and upon introducing a catheter into the bladder, only a dram or so came away. The nurse informed me that evidently the character of the water then was practically urine. The catheter was retained and part of the urine escaped through it at first, gradually increasing until at the end of ten days it all passed through the catheter, the wound in the bladder and in the peritoneal cavity having closed. I report this case to emphasize my position expressed three years ago before the meeting of the American Association of Obstetricians and Gynæcologists, that vaginal douches following vaginal hysterectomy are practically of no advantage, and may result in serious injury by forcing the solution, bichloride or what not, and necrosed tissue. into the peritoneal cavity. I was severely taken to task then, others claiming that water injected into the vagina would always run out; but here is a practical demonstration that it went into the peritoneal cavity. I was surprised that the solution of bichloride should have caused so little trouble, because it must have come into contact with a considerable portion of the peritoneum, and organs of the pelvis. I received a letter from her husband about a week ago; he says she is doing well and retains her urine for nine hours.

I would like to call attention to one other point: About a year and a half ago, I lost a patient from vaginal hysterectomy, caused I am sure by the neglect of a precaution I now take. It was evidently caused by failure to remove by curetting all the infected tissue. Everything used in the operation, and the entire cavity should be thoroughly sterilized; every suspicious particle of tissue carefully scraped away, the cavity thoroughly washed with bichloride solution and tamponed with iodoform gauze. I think that many deaths from vaginal hysterectomy have resulted because of failure to carefully cleanse and scrape away all the infected tissue, thereby admitting the poisonous germs into the peritoneal cavity.

*Proceedings Clinical Society of Louisville, Ky.

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NEWS AND MISCELLANY.

MR HIRAM WALKER, the Whisky King, has given $125,000 for the purpose of building and equipping a hospital for children, in Detroit, Mich.

AN ENGLISH trained nurse, Miss Donegan, has designed a Poultice Box, to hold all the requisites for making a poultice in the sick-room.

THE return of the menstrual flow after the menopanse usually means malignancy, and in such cases the patients should be subjected to careful examination at once—THOMAS.

THE HEALTH DEPARTMENT of the city of New York, issued the following report for week ending Nov. 12, 1892: Marriages 251, Births, 849, Deaths, 620, Stillbirths, 61.

AT THE ANNUAL ELECTION of the Cincinnati Medical Society the following officers were elected: President, Dr. E. S. Stevens; Vice-President, Dr. Arch. I. Carson; Secretary, Dr. L. S. Colter; Corresponding Secretary, Dr. J. C. Marcus; Treasurer, Dr. J. C. Oliver.

IN A RECENT PAPER ON CHOLECYSTOTOMY, Dr. Hal. C. Wyman, of Detroit, gave to Dr. Bobbs, of Indianapolis, the credit of having first done the operation. Dr. Bobbs' operation was not a deliberate cholecystotomy; but, true surgeon that he was, he started in prepared for anything he might meet. He met the gall-bladder, and it was his.—*Ind. Med. Jour.*

FROM private correspondence we learn that there is a good opening at Slidell, La, "for a young physician who will keep in connection with his practice a small drug stock." Any worthy young man who would like to build up a country practice will do well to investigate.

MESSRS. CHAS. TRUAX, GREENE & Co. have established a Physicians' Bureau of Service and Information in connection with the World's Fair at Chicago next year. The service is free and comprises a list of hotels and boarding-houses, a miniature post-office and telegraph office, banking facilities, railway service, etc. There will be on duty German, French, Spanish and other interpreters to assist strangers. The Bureau will be established in commodious quarters at 75 and 77 Wabash Avenue, and all physicians and surgeons are invited to avail themselves of the offer.

THE graduate of a Michigan educational establishment, and a practitioner of medicine, was called upon to certify to the insanity of one of his patients. His certificate alleges that his patient "Imagines he ones the welth of he State of Michigan & is vry Troubl Some with his neighbors, emagenin them to do hime & his family harm keeping them in terror all the time with wakefulnes all night keeping all the family from rest & all the comforts of home." Surely the physician must have some paragraphic lesion himself, casting doubt on his sanity as a practitioner.—*Physician and Surgeon.*

THE following are the officers of the Detroit Medical and Library Association for the ensuing year: President, Dr. F. W. Mann; vice-president, Dr. G. A. Frothingham; treasurer, Dr. Angus McLean; secretary, Dr. Don. M. Campbell.

THE MISSOURI VALLEY MEDICAL ASSOCIATION at its late meeting elected the following officers for 1893:

President, Dr. J. M. Knott, of Sioux City, Iowa; first vice-president, Dr. H. B. Lowry, of Lincoln, Neb; second vice-president, Dr. W. O. Bridges, of Omaha, Neb; secretary, Dr. F. S. Thomas, of Council Bluffs, Iowa; treasurer, Dr. T. B. Lacy, of Council Bluffs, Iowa.

The next meeting will be held in St. Joseph, Mo., in March, 1893, with Dr. J. M. Richmond as Chairman of the Committee of Arrangement.

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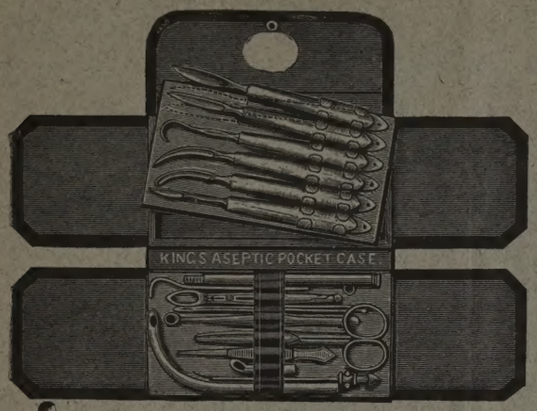

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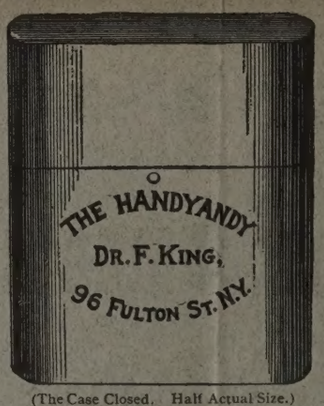
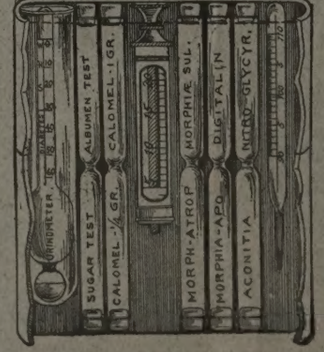


(The Case Closed. Half Actual Size.)



(Sectional View of Case Showing Half the Vials.)

THE **HANDYANDY** is certainly the ***most complete POCKET CASE*** in the world. The case is 3¼ x 4½ inches, and may be carried in the vest pocket. It is made of hard rubber in two parts which are held together by a nickel plated twin or double spring. The ***HANDY-ANDY*** contains a standard ***Hypodermic Syringe*** a ***Yale Clinical Thermometer,*** an outfit for ***Testing Urine*** at the bedside, and an assortment of ***17 Tablet Triturates*** and ***Hypodermics*** selected by each ***purchaser*** as per accompanying ***list.***

LIST OF TABLETS.

"In addition to three tubes filled with the salts for the several urine tests, the case contains seventeen tubes which will be filled with such tablets as the buyer may select from the following list. Fraser's Tablet Triturates are the only ones we employ in filling these cases, thus insuring the absolute reliability of the medicines, and the appended list, which is selected from the catalogue of the Fraser Tablet Triturate Mfg. Co. comprising only such remedies as may be useful in emergencies calling for such amounts as can be conveniently carried in this case. When ordering the case please return this coupon, with the seventeen items you select, not marked off.

SELECTIONS FROM FRASER'S TABLET TRITURATES.

Acetanilide 1 gr.	Digitalis.
Aconite fl. ext. 1 m.	Dover's Powder.
Aloin.	Ergotine.
Ammonia Muriate.	Hydrastin.
Apomorphia (hypo.)	Ignatin.
Atropia Sulph. (Hypo.)	Ipecac.
Belladonna fl. ext. 1 m.	Mercury and Chalk.
Calomel ½ gr.	Mercury Protiodide.
Calomel Comp. No. 2.	Morphia ¼ gr. (Hypo.)
Camphor Monobrom 1-10 gr.	Morphia ¼ and Atropia 1-200 (Hypo.)
Cathartic Comp. U. S. P.	Nitroglycerine.
Cathartic Comp. Veg.	Nux Vomica.
Cathartic Comp. Imp.	Opium ¼ gr.
Cocaine Hydrochlor 1-60 (Hypo.)	Papoid
Conium Comp.	Rhubarb Comp. U. S. P.
Copper Arsenite.	Sparteine Sulph. 1-60.
Corrosive Sublimate ¼ gr.	Stibium, Opium & Camp.
	Turpeth Mineral.

PRICE OF CASE COMPLETE, - - - $5.00

" " " and Doctor's Weekly, 1 year, 6.00

Send orders to **Dr. F. KING, 96 FULTON STREET, NEW YORK.**